Blood Request Form

A Gold Standard

Leslie Delieu

Our form

- Please retrieve the copy from your pack –

It looks like this:-

A JONES & B ROOKS EASISEAL SPECIMEN FORM — PATIENT NO. 2221208 B

PRESS FIRMLY ON EACH END TO ENSURE A LEAKPROOF SPECIMEN CARRIER

JB000000

NHS NUMBER

HOSPITAL NUMBER

SURNAME

FIRST NAME(S)

DATE OF BIRTH (D D M M Y Y Y Y)

DATE OF SPECIMEN

TIME OF SPECIMEN

PRIVATE

Gender

Reminder to clinician
BLOOD TRANSFUSION REQUEST FORM
Has the patient consented to a transfusion?

FOR LABORATORY USE ONLY

SAMPLE MUST BE HAND WRITTEN AND SIGNED
ADDRESSOGRAPH ACCEPTABLE ON FORM ONLY
UNLESS FROM VEIN TO VEIN TRACEABILITY SYSTEM

CONSULTANT | HOSPITAL | WARD / CLINIC

CLINICAL DETAILS

Blood Group (if known) ..... Atypical Antibodies (if known) ..... E.D.D: _/_ _/__

DOES PATIENT CARRY NHSBT ANTIBODY CARD..... IF YES : DATE OF MOST RECENT TRANSFUSION.....

PREVIOUS TRANSFUSIONS: YES / NO — Group & Antibody Screen | Direct Antiglobulin Test | Kleihauer Test | Other

COMPONENT REQUESTED

	Red Cells	Platelets	FFP	Cryo.	PCC	Anti-D	Other Product Requests - LIST
No. of Units							

Patient Body Weight: If Actual: _____ Kg Best estimate: _____ Kg

Special requirements (Reason)

Irradiated | HLA | CMV | Other

Required for: Date ..... Time .....

INDICATION FOR RED CELL TRANSFUSION

Age < 65 years Hb < 70 g/l	
Age > 65 years Hb < 80 g/l	
Cardiac / cerebrovascular symptoms Hb < 80 g/l	
Significant hourly urinary loss > 500ml / hour	
Bone Marrow failure and Hb < 100 g/l	
Perioperative Cell Salvage Hb < 100 g/l	
Symptomatic anaemia Hb < 100 g/l *	
Massive Transfusion protocol (Contact blood bank immediately)	

Surgery: (urgent Procedure / Operation and date if known / MSBOS booked Blood Ordering schedule)

FFP, Platelets, Cryo: state reason for request

Most recent relevant laboratory result & date: (in support of this Blood / component request e.g. Hb result & date)

* Dyspnoea, angina, palpitations, tachycardia, orthostatic hypotension and syncope documented and likely to be due to anaemia.

Requested by (including staff group) PRINT..... Signature .....

Product requests will not be processed unless the above section is completed and signed.
For emergency requests; CONTACT the Transfusion department by phone / fax as per local protocol

I confirm that the patient identification details on the request form and the details of the patient and the sample tube(s) I am certified as competent in care competence indicators in order to bring venous sample for pre-transfusion testing, in accordance with local policy.

Sample taken by (including staff group) PRINT..... Signature..... Bleep no. ..... Date .....

The above section MUST BE signed and completed by the person taking the sample. Failure to do so will result in the sample being rejected.

LAB COMMENTS: | AIMII CODE:

PLACE SPECIMEN IN BAG, REMOVE COVERING STRIP, FOLD OVER TO SEAL

TAPE TO SEAL BAG

HOSPITAL BLOOD TRANSFUSION REQUEST FORM

It is a mandatory requirement that all staff who undertake pre-transfusion sampling have been certified competent in accordance with National Patient Safety Agency Notice. 14. Right Patient, Right Blood (2006).

Request and Sample Date – Minimum Acceptance Criteria

- The blood sample should be taken into a 6ml EDTA Blood Transfusion bottle.
- Positive Patient Identification: the sample tube must be labelled beside the patient and hand written with the patient's full name, DOB and NHS/Hospital number.
- The form must be signed, dated and timed by the person taking blood.
- An addressograph label is acceptable on the request form providing the Ward /Consultant and Date/Time taken is recorded.
- An addressograph label is acceptable on the sample if vein to vein traceability system only.
- All relevant sections of the request form MUST be filled in and signed as appropriate or the samples will be REJECTED.
- Special Requirements: RESPONSIBILITY OF THE CLINICIAN TO REQUEST; Is this patient (or has ever been referred as) a patient with a malignant haematology or oncology diagnosis please check whether they have any special transfusion requirements.
- The sample will be held for up to seven days. If the patient has been transfused more than 72 hours previously, a new sample is required according to the local guidelines.

Sample Times:

Patient transfused or pregnant within	Sample to be taken
< 3 months:	72 hours before transfusion
> 3 months:	7 days before transfusion

BEDSIDE LABELLING CRITERIA

CHECK IT!!!

- Forename
- Surname
- DOB
- Hospital/NHS Number
- Date & Initial/Sign

FAILURE TO CORRECTLY IDENTIFY PATIENTS COULD BE FATAL

Version 13072012 B

Things to think about

- Why do it?
- How to do it?
- Who to involve?
- What impact will change have?
- Where to present it?
- What evidence backs it up?
- Where can you share it?

Drawing a blank.....

- Have you ever looked at a form and known it could be better but not sure where to start?
- Have you ever wanted to change something but thought the obstacles would be insurmountable?
- Us too!!

Why change?

- Many hospitals have used the same form for years-
- Often they do not reflect current guidance
  BCSH, HSC, NPSA, RCN,SABTO, SHOT etc.
- Merging Services.
- Movement of healthcare workers.

A meeting of minds

- Worthing – The primary mover, tentatively presented an idea for a new request form to the TADG.

- TADG – Should we have a regional form?
- Suggestion taken to RTC.

Support from RTC

- RTC assigned the task to RTT.
- RTT – MR lead, LD, AG.
  - look at examples from our hospitals
  - look at examples from Wales and Northern Ireland
- MR put together a form reflecting current practices.
- MR, LD, AG made changes and agreed upon a draft Blood Request Form to present to the SEC RTC.

Starting a project

- Creativity is great but plagiarism is faster!!, but make sure you give credit where it's due!
- Sharing practice is invaluable.
  - Looking at other forms is a good way of making sure you don't forget anything.
  - Deciding what to exclude can be as valuable as deciding what to include.

Editing

- No form stays at draft 1!!
- Ask for feedback
  - limit the audience; be specific.
  - Have representation from the staff groups who will use the form.
- Set a rigid cut off date.
- Expect criticism and take it on-board

Ask for feedback early in the process

- This was presented at the next TADG and feedback requested.
- Amendments where made and the final version presented to the wider RTC.
- Presentation at HTCs was encouraged.
- Feedback was recieved and acted upon.
- Final version approved -

Evidence

- British Committee for Standards in Haematology (BCSH) Guidelines on the Administration of Blood Components, 2009
- **Right blood,right patient, right time** *RCN guidance for improving transfusion practice 2005 Royal college of nursing.*
- National Patient Safety Agency (NPSA)
  - Safer PRACTICE notice 14 Right Patient Right Blood (2006)
  - Update on “Right Patient Right Blood
  - competency assessment” (2008)
- DoH Health Service Circular HSC – doh.gov.uk/publications
  - 2002/009 Better Blood Transfusion 2 – appropriate use of blood
  - 2007/001 Better Blood Transfusion 3 – safe and appropriate use of blood
- Serious Hazards of Transfusion website: www.shot-uk.org
  - Annual reports and recommendations
- Patient consent for blood transfusion - Advisory Committee on the Safety of Blood Tissues and Organs (SaBTO) 21 Oct 2011 - DoH website

Implementation

- Take to HTC for discussion
- Use when reviewing and renewing own forms
- Trust ratification processes
- Change control documentation
- Education

Accessing this form electronically

- From mid - February 2013

  down load a non pdf format from the SEC RTC webpage.
  - Use as it is
  - Make your own changes
- http://www.transfusionguidelines.org/index.asp?Publication=RTC&Section=28&pageid=1249

Over to you

- Your experiences of sharing and using this form, in whole or part are very valuable to us and feedback can be directed via the RTC secretary Emma Whitmore
  - Emma.whitmore@nhsbt.nhs.uk

That’s all folks!!

- Thank you
- Special thanks for the slides to
  - Emma Whitmore & Malcolm Robinson